

DOCUMENT # P31634

1. Entity Name

CHILDREN AWAITING PARENTS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-04-2000 90057 031 ****61.25

Principal Place of Business 700 EXCHANGE ST. ROCHESTER NY 14808	Mailing Address 700 EXCHANGE ST. ROCHESTER NY 14808-2717
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 16-1047933	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~REID, CHRISTINE~~
 851 BILLSBOROUGH ROAD
 GENEVA FL 32732

Williams, Denise
 1500 East Johnson Ave. #202
 Pensacola, FL 32514

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Denise Williams DATE: 3/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, JOYCE 287 MULBERRY ST. ROCHESTER NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARX, FRANCES 80 NUNDA BLVD ROCHESTER NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENSMAN, RICHARD 184 AUTUMN CHAPEL WAY ROCHESTER NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, ROBERT W 242 W. MAIN ST. ROCHESTER NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELY, MICHELE 222 WESTMINSTER RD ROCHESTER NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ely, Michelle 444 River Heights Rochester, NY 14612	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hunter, Robert, W. 10 Drake Street Rochester, NY 14605	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marx, Frances 80 Nunda Blvd Rochester NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parker, Joyce 1330 E. Main Street Rochester, NY 14604	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10, Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. SMITH DATE: 2/18/2010 (716) 232-5300
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2FD37 (9/99)